

DMHMRSAS

Commonwealth of Virginia Department of
**Mental Health, Mental Retardation
and Substance Abuse Services**

Overview of Civil Commitment Law and Changes Made by the 2008 General Assembly

June 4, 2008

James Reinhard, M.D., D.F.A.P.A
Commissioner, DMHMRSAS

Public's Questions

- Are individuals with mental illness, as a group, more likely to engage in violent behavior than the general population?
- Are mental health clinicians able to predict, better than chance, which patients will act violently?

More Violent?

- Yes, but...
 - Only 3-5% of violence attributable to Mental Illness
 - Majority of individuals with mental illness are not violent

Able to Predict?

- Yes, but...
 - Assigning risk in broad categories (high, average, low) utilizing actuarial data
 - need to consider risk as a group, the way a public-health epidemiologist would

Clinical Ability to Predict Violent Behavior

“Current [screening] approaches can prevent the violent acts of a few only by detaining many.”

- Buchanan, A; Psychiatric Services; Feb. 2008; 59(2)

Tech Panel Recommendations

- **IV-15** - The criteria in Va. Code 37.2-817 (B) for involuntary commitment should be modified in order to promote more consistent application of the standard and to allow involuntary treatment in a broader range of cases involving severe mental illness.

Civil Commitment Criteria

- (i) has a mental illness, (ii) presents an imminent danger to himself or others as a result of mental illness or is so seriously mentally ill as to be substantially unable to care for himself and that there exists a *substantial likelihood* that, as a result of mental illness, the person will, *in the near future*, (a) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or (b) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs...

Impact on System Resources?

- Unclear
 - May increase civil commitment to inpatient beds and Mandatory Outpatient Treatment
 - May decrease (or have no impact on total) civil commitment
 - We can drive outcome by our
 - Expectations
 - Commitment to Vision of Recovery and Community integration
 - Training

Will increase detentions be the answer?

- TAC “Study”
 - 15 Experts recommended 50 beds/100,000
 - Virginia now has 22.2 beds/100,000 (ranked 11th in nation)
 - Would cost over \$400 million to 50 beds/100,000
- Allocation of Scarce Resources
 - Investment in inpatient beds vs. community resources
- Alternatives to inpatient beds
 - Crisis Stabilization Units
 - Transitional Units
 - Community Housing

Report of Virginia Tech Review Panel

“In the wake of the Virginia Tech tragedy, much of the discussion regarding mental health services has focused on the commitment process.

However, the mental health system has major gaps in its entirety **starting from the lack of short-term crisis stabilization units to the outpatient services and the highly important case management function**, which strings together the entire care for an individual to ensure success.

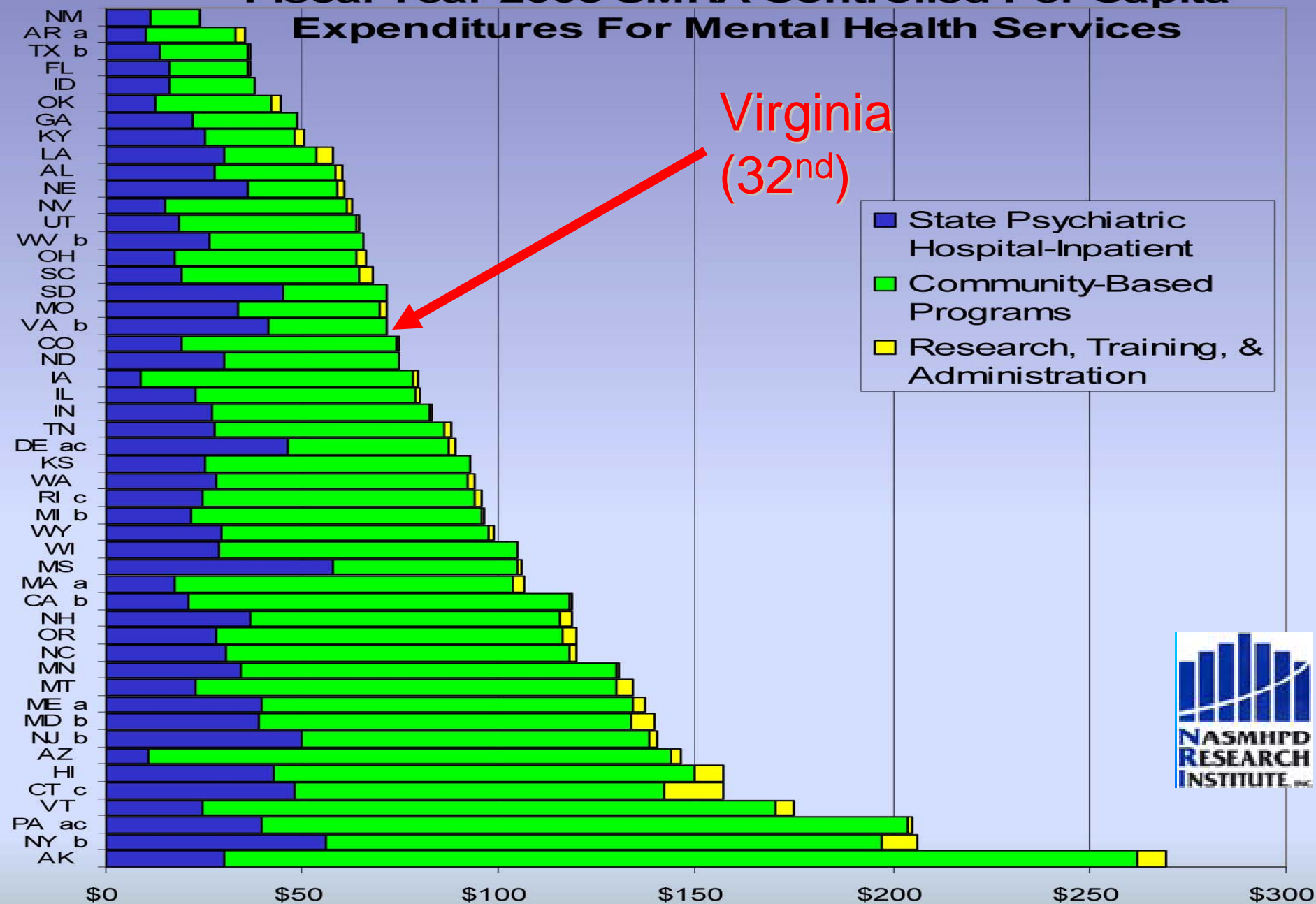
These gaps prevent individuals from getting the psychiatric help when they are getting ill, during the need for acute stabilization, and when they need therapy and medication management during recovery.”

- Chapter 4, page 60

Tech Panel Recommendations

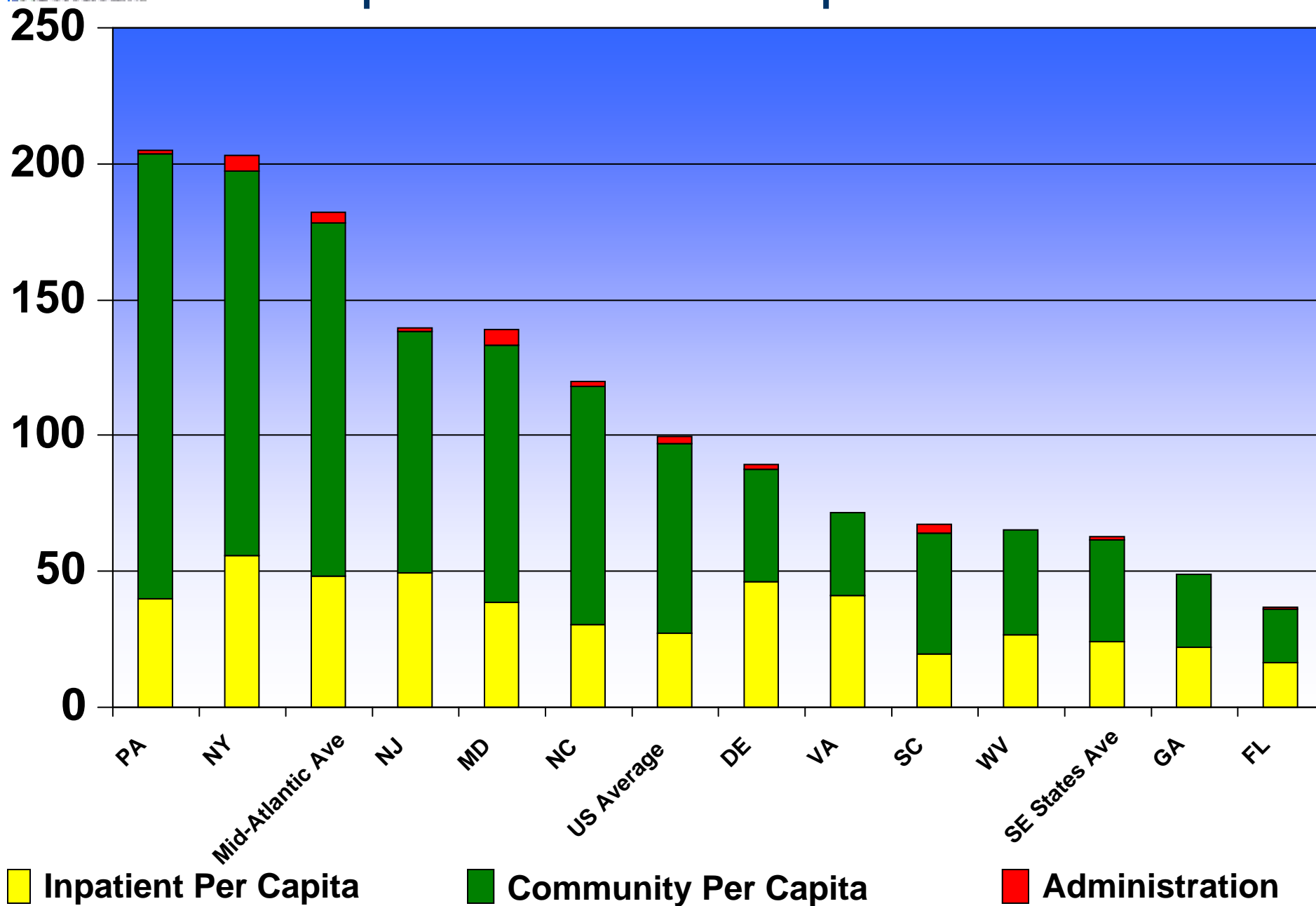
- **IV-12** – The State should study...
community outpatient service capacity ...
- Once this information is available it is
recommended that outpatient treatment
services be expanded statewide.

Fiscal Year 2005 SMHA-Controlled Per Capita Expenditures For Mental Health Services



a = Medicaid Revenues for Community Programs are not included in SMHA-Controlled Expenditures
 b = SMHA-Controlled Expenditures include funds for mental health services in jails or prisons.
 c = Children's Mental Health Expenditures are not included in SMHA-Controlled Expenditures

Per capita MH state expenditures FY05



Virginia statistics and rankings

- Population (rank): 7,642,884 (12th)
- Average per capita income (rank): \$29,899 (5th)
- Gov. Spending per capita (rank): \$4,550 (36th)
- Received the Highest Grade (A-) in Governing Magazine's 2008 management scorecard
- Received national average grade (D) in NAMI 2006 "Grading the States" report card on Mental Health system

DMHMRSAS

Commonwealth of Virginia Department of
**Mental Health, Mental Retardation
and Substance Abuse Services**

DMHMRSAS Biennium Budget Summary (\$41.7 million)

2009-2010 MH Initiatives	Biennium Budget
Increase CSB Capacity for: <ul style="list-style-type: none">• Emergency Services• Case Management• Outpatient Clinicians/Therapists	\$28.3M
Jail Diversion	\$6M
Provide Outpatient Services to Children	\$5.8M
Expansion Monitoring and Accountability of CSBs	\$600K
Crisis Intervention Training Program	\$600K
Expand licensing staff	\$345K